510(k) Summary 2-07-07

MAR 2 6 2007

Device Trade Name: Non Sterile Surgical Mask

Name and Address of

Manufacturer:

Dukal Corporation

5 Plant Ave

Hauppauge, NY 11788

Establishment

Registration:

2435946

Contact Person:

Patrick J. Lamb

Vice President International Operations

5 Plant Ave.

Hauppauge, NY 11788 Tel: 631-656-3800 Fax: 631-656-3810

e-mail: plamb@dukal.com

Device Classification

Name:

Mask, Surgical

Classification Panel: Class II, §878.4040

Classification Advisory

Committee:

General and Plastic Surgery

Product Code:

FXX

Recognized Performance

Standard:

ASTM 2100-04

Refer to submission for applicable standards

Predicate Devices 510(k) Number

1. Dukal K061864 Product Codes 1530, 1540, 1560, 1570

2. A.R. Medicom K051291 Product Codes: 2000, 2030, 2025, 400506

3. ValuMax K04033, Blue, Yellow & White Surgical Fog Free & 3 Ply Masks

Intended Use:

The Dukal medical / surgical masks are indicated as a protective nose and mouth covering for healthcare workers and patients involved in medical and surgical procedures. The masks are indicated in any procedure or situation where there is a risk of microorganism, body fluid and particulate aerosol transfer.

510(k) Statement:

A 510(k) statement for this device, as required by 21 CFR 93, is replaced with this 510(k) summary.

Truthful and Accurate

Statement:

A Truthful and accurate statement as required by 21 CFR §807.87(j) may be found in the submission in Exhibit A

Labeling:

Samples of proposed labeling may be found in the submission in Exhibit B

Device Description: Dukal Surgical Masks are pleated 3 – ply masks. Inner and outer layers are made of either medical grade tissue or 100% spun-bond polypropylene. Middle layer is made of 100% melt blown polypropylene filter. Ear loops are made of soft latex free elastic loops. The nose piece for all Dukal Masks is a malleable aluminum wire. Masks with splash visors have an anti fog treated plastic shield attached to masks. All of the material used in the construction of the Dukal face masks are being used in currently marketed devices (see predicate information)



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. Patrick J. Lamb Vice President Dukal Corporation 5 Plant Avenue Hauppauge, New York 11788

MAR 2 6 2007

Re: K070407

Trade/Device Name: Dukal Surgical Face Mask; 1530 Yellow Surgical Face Mask
Tie; 1531 Yellow Surgical Face Mask Ear Loop; 1540 White Surgical Face
Mask Tie; 1541 White Surgical Face Mask Ear Loop; 1550; Anti Fog
Yellow Surgical Face Mask Tie; 1551 Anti Fog Yellow Surgical Face Mask
Ear Loop; 1552 Anti Fog White Surgical Face Mask Tie; 1553 Anti Fog
White Surgical Face Mask Ear Loop; 1554 Anti Fog Blue Surgical Face
Mask Tie; 1555 Anti Fog Blue Surgical Face Mask Ear Loop; 1560 Yellow
Surgical Face Mask Tie with Shield; 1561 Yellow Surgical Face Mask Ear
Loop with Shield; 1562 White Surgical Face Mask Tie with Shield; 1562
White Surgical Face Mask Ear Loop with Shield.

Regulation Number: 878.4040 Regulation Name: Surgical Apparel

Regulatory Class: II Product Code: FXX Dated: March 1, 2007 Received: March 5, 2007

Dear Mr. Lamb:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K070407

| Device Name: Dukal Surgical Face Mask (model number and complete device name attached) | | | |
|---|-----------------------------------|---|----------|
| Indications For Use: The Dukal med nose and mouth covering for health surgical procedures. The masks are is a risk of microorganism, body fluid | care workers and indicated in any | d patients involved in med procedure or situation wh | ical and |
| Prescription Use(Part 21 CFR 801 Subpart D) | AND/OR | Over-The-Counter Use _ (21 CFR 807 Subpart C) | X |
| (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED) | | | |
| Concurrence of CDRH, Office of Device Evaluation (ODE) | | | |
| Study of Mugding D. Sing Anochestology, General Hospital, Lesson Control, General Devices 5:31) Number: 1070407 | | | |

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ATTACHEMENT-1 Indication for Use Statement

Device Name:

- 1530 Yellow Surgical Face Mask Tie
- 1531 Yellow Surgical Face Mask Ear Loop
- 1540 White Surgical Face Mask Tie
- **1541** White Surgical Face Mask Ear Loop
- 1550 Anti Fog Yellow Surgical Face Mask Tie
- 1551 Anti Fog Yellow Surgical Face Mask Ear Loop
- 1552 Anti Fog White Surgical Face Mask Tie
- 1553 Anti Fog White Surgical Face Mask Ear Loop
- 1554 Anti Fog Blue Surgical Face Mask Tie
- 1555 Anti Fog Blue Surgical Face Mask Ear Loop
- 1560 Yellow Surgical Face Mask Tie with Shield
- 1561 Yellow Surgical Face Mask Ear Loop with Shield
- 1562 White Surgical Face Mask Tie with Shield
- 1562 White Surgical Face Mask Ear Loop with Shield